

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☐ Termination Statement (Attach a completed Form 415 to this statement)

Type or print in 1

Statement covers period  
from 7/1/98  
through 9/30/98

Date of election if applicable:  
(Month, Day, Year)

11/3/98

Date Stamp

RECEIVED

OCT -5 PM 3

CLERK  
CITY CLERK  
CITY OF LOS

COVER PAGE - LONG FORM

CALIFORNIA 49  
1994 FORM

Page 1 of 19

For Official Use Only

Officeholder, Candidate, and Controlled Committee  
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Alan S. Nakanishi

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1136 Junewood Court

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95242 (209) 478-1797

COMMITTEE NAME

Nakanishi for City Council

ID NUMBER

9801990

COMMITTEE ADDRESS (NO. AND STREET)

1110 W. Kettleman Lan Suite 44

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi CA 95240 (209) 478-9956

NAME OF TREASURER

Jon Alan Nakanishi

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1940 Foxtail Court

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Tracy CA 95376 (209) 478-9956

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contribution or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

COMMITTEE NAME

ID NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE

☐ YES ☐ NO

COMMITTEE ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/98 At Stockton, CA  
DATE CITY AND STATE

By [Signature] SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/5/98 At Stockton, CA  
DATE CITY AND STATE

By [Signature] SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on DATE CITY AND STATE

By SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT

Allocation Page — Part I  
Contributions and Independent Expenditures  
Made From Campaign Funds

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

ALLOCATION - PART I

Statement covers period  
from 7/1/98  
through 9/30/98

1998 FORM 490  
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP <sup>1</sup>	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				

\*See reverse regarding independent expenditures.

SUBTOTAL \$ 0

ALLOCATION — PART I SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.  
(Include all Allocation Page — Part I subtotals.) \$ 0
- Contributions and independent expenditures under \$100 made this period from campaign funds.  
(Do not itemize.) \$ 0
- Total contributions and independent expenditures made this period from campaign funds.  
(Do not carry this total to the Summary Page.) TOTAL \$ 0

Allocation Page — Part II  
Contributions and Independent Expenditures  
Made From Personal Funds

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

ALLOCATION - PART II

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>PAID ON 10/1/98</b> <b>FORM 490</b>
Page <u>3</u> of <u>19</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

Alan S. Nakanishi/ Nakanishi For City Council

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
8/25/98	Jay Smart for Assembly	x			100	100	
See reverse regarding independent expenditures.					<b>SUBTOTAL</b>	\$ 100	

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

Contributions and independent expenditures of \$100 or more made this period from personal funds. (Include all Allocation Page — Part II subtotals.)	\$ 100
Contributions and independent expenditures under \$100 made this period from personal funds. (Do not itemize.)	\$ 0
Total contributions and independent expenditures made this period from personal funds. (Do not carry this total to the Summary Page.)	<b>TOTAL</b> \$ 100

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY P.

Statement covers period from 7/1/98 through 9/30/98	CALIFORNIA POST FORM 491
Page 4 of 19	I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Alan S. Nakanishi/Nakanishi for City Council

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 2873	\$ 0	\$ 2873
2. Loans Received	Schedule D, Line 7	\$ 350	\$ 0	\$ 350
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 3223	\$ 0	\$ 3223
4. Non-monetary Contributions	Schedule C, Line 3	\$ 840	\$ 0	\$ 840
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 4063	\$ 0	\$ 4063
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	\$ 0	\$ 0	\$ 0
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 4063	\$ 0	\$ 4063

## Expenditures Made

8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	\$ 0	\$ 0	\$ 0
9. Loans Made	Schedule H, Line 7	\$ 0	\$ 0	\$ 0
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	\$ 0	\$ 0	\$ 0
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	\$ 0	\$ 0	\$ 0
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	\$ 0	\$ 0	\$ 0

## Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	\$ 0
14. Cash Receipts	Column A, Line 3 above	\$ 3223
15. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 0
16. Cash Payments	Column A, Line 10 above	\$ 0
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	\$ 3223

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).


## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ 0
21. Contributions Received	\$ 0	\$ 4063
22. Expenditures Made	\$ 0	\$ 0
Cash Equivalents and Outstanding Debts		
19. Cash Equivalents	See Instructions on reverse	\$ 0
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ 0

# Schedule Monetary Contributions Received

Type of link.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from 7/1/98 through 9/30/98			
		Page 5 of 19	
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE Alan S. Nakanishi/Nakanishi for City Council		I.D. NUMBER 9801990	

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
7/21/98	Larry Johnson 1144 Junewood Court Lodi, CA 95242	Self employed Keep It Simple Engineering	250	250	
8/22/98	Mr. Roger Baffoni 100 W. Pine Street Lodi, CA 95240	Clothier Squires Clothier	125	125	
8/22/98	Mr. Jeff Baffoni 100 W. Pine Street Lodi, CA 95240	Clothier Squires Clothier	125	125	
8/22/98	Mr. Adam Dados 1101 Junewood Drive Lodi, CA 95242	Self-employed Contractor	100	100	
9/30/98	Dr. George Chen 1617 St. Marks Plaza, Suite D Stockton, CA 95207	Physician Delta Eye Medical	350	350	
SUBTOTAL \$			950		


## Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 2450
- Amount received this period — contributions of less than \$100.  
(Do not itemize.) ..... \$ 423
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 2873

Schedule (Continuation Sheet)  
Monetary Contributions Received

Type or, if link,  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (cont)

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	 Page <u>6</u> of <u>19</u>
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/25/98	Parampal Gill PO Box 8778 Stockton, CA 95208	Self-employed Physician	200	200	
9/30/98	John Teresi PO Box 1270 Lodi CA 95241	Self-employed Teresi Trucking	200	200	
8/18/98	John and Geraldine Schook 906 Kirkwood Drive Lodi, CA 95242	Retired House Wife	100	100	
9/24/98	Ron and Eileen Yamamura 8526 Solano Avenue Stockton CA 95209	Pharmacist	100	100	
9/29/98	Mr. Tom Horita 3728 Gleneagle Drive Stockton CA 95219	Financial Advisor Dean Whitter	100	100	
9/29/98	Dr. Ronald Oye 730 Spaans Drive Galt, CA 95632	Self-employed Optomatrist	100	100	
SUBTOTAL \$ 800					

Schedule A (Continuation Sheet)  
Monetary Contributions Received

Type or In Ink.  
Amounts must be rounded  
to whole dollars.

SCHEDULE A (cont)

Statement covers period from 7/1/98 through 9/30/98		I.D. NUMBER 9801990
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/30/9	Dr. Harvey Lashier 1617 St. Marks Plaza Stockton, CA 95207	Physician Delta Eye Medical	350	350	
9/30/9	Dr. Andrew Chen 1617 St. Marks Plaza Suite D Stockton, CA 95207	Physician Delta Eye Medical	350	350	
SUBTOTAL \$			700		

**Schedule B - Part I**  
**Loans Received**

Type or print in Ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - Part I

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>490</b> Page <u>8</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER/GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
9/30/98	Alan S. Nakanishi 1136 Junewood Court Lodi, CA 95242 <input checked="" type="checkbox"/> Lender <input type="checkbox"/> Guarantor *	Physician Delta Eye Medical	Open 0 %	350	CALENDAR YEAR OTHER		CALENDAR YEAR OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE INTEREST RATE		CALENDAR YEAR OTHER		CALENDAR YEAR OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *		DUE DATE INTEREST RATE		CALENDAR YEAR OTHER		CALENDAR YEAR OTHER

\*See important instructions on reverse.

SUBTOTAL \$ <sup>(a)</sup> 350

\$ <sup>(b)</sup> Enter (b) on Summary Page, Line 18 only.

**Loans Received — Part I Summary**

Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ 350

Loans under \$100 received this period. (Do not itemize.) ..... \$ 0

Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL \$ 350**

**Loans Received — Part II Summary**

Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0

Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0

Total loans repaid, forgiven, or paid by a third party this period. .... **TOTAL \$ ( 0 )**

(Add Lines 4 + 5.)

Net change this period. (Subtract Line 6 from Line 3.) ..... **NET \$ 350**

Enter the net here and on the Summary Page, Column A, Line 2. .... May be a negative number



**Schedule — Part II**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE B - Part

Statement covers period  
 from 7/1/98  
 through 9/30/98

**490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
 9801990

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL \$	(c) 0	TOTAL INTEREST PAID THIS PERIOD \$
					(d) 0	

**\*IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, line 3. Do not carry this total to the summary section of Schedule B.

Schedule — Part III  
Annual Report of Outstanding Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SC JULE B - Part II

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<div> <div>PAID IN FULL</div> <div>490</div> </div>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$ 0	

NOTE: This total should be  
the same amount as entered  
on the Summary Page,  
Column C, Line 2.

# Schedule Non-Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>490</b> Page <u>11</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/1/98	Saca Properties 1110 W. Kettleman Lane Lodi, CA 95240	Saca Properties	Office Space	840	840	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 840

## Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) \$ 840
- Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.) \$ 0
- Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 840

Schedule 7

# Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE

STATEMENT 490

Statement covers period

from 7/1/98

through 9/30/98

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I.D. NUMBER  
9801990

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter treasurer's name and address)	OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (Also enter on Schedule A)	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	CUMULATIVE TO DATE OTHER (If applicable)
Attach additional information on appropriately labeled continuation sheets.			SUBTOTALS \$	(a) 0	(b) 0	

## Enforceable Promises Received Summary

1. Promises received of \$100 or more this period (Column (a)). \$ 0
2. Promises received under \$100 this period.  
(Do not itemize.) \$ 0
3. Total promises received this period.  
(Add Lines 1 and 2.) TOTAL \$ 0
4. Payments received on promises of \$100 or more this period.  
(Column (b)). \$ 0
5. Payments received on promises under \$100 this period.  
(Do not itemize. Also include on Schedule A Summary, Line 2.) \$ 0
6. Total payments received.  
(Add Lines 4 and 5.) TOTAL \$ ( 0 )
7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ 0  
May be a negative number

# Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period		<b>490</b>
from <u>7/1/98</u>	Page <u>13</u> of <u>19</u>	
through <u>9/30/98</u>		I.D. NUMBER <u>9801990</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakamisi/Nakanishi for City Council

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* - BROADCAST ADVERTISING                                    | *G* - GENERAL OPERATIONS AND OVERHEAD                      |
| *I* - INDEPENDENT EXPENDITURES   | *N* - NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* - LITERATURE   | *O* - OUTSIDE ADVERTISING                                      | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | *F* - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter treasurer's name and address)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 0

## Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 0
2. Payments made this period of under \$100. (Do not itemize.)	\$ 0
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).)	\$ 0
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.)	\$ 0
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.)	TOTAL \$ 0

Schedule F  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period		<b>490</b>
from 7/1/98	through 7/1/98.	
Page 14 of 19		I.D. NUMBER 9801990

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* - BROADCAST ADVERTISING                                    | *G* - GENERAL OPERATIONS AND OVERHEAD                      |
| *I* - INDEPENDENT EXPENDITURES   | *N* - NEWSPAPER AND PERIODICAL ADVERTISING                     | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* - LITERATURE   | *O* - OUTSIDE ADVERTISING                                      | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | *F* - FUNDRAISING EVENTS                                       |  |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

Accrued Expenses Summary

- |   |                     |
|---|---------------------|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$ 0                |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$ 0                |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ 0 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$ ( 0 ) |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$ 0            |

May be a negative number

Schedule C  
**Payments Made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE C

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>490</b> Page <u>15</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
 Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
 9801990

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |   |   |
|---|---|
| *L* -- LITERATURE                           | *S* -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |
| *B* -- BROADCAST ADVERTISING                | *F* -- FUNDRAISING EVENTS                                       |
| *N* -- NEWSPAPER AND PERIODICAL ADVERTISING | *T* -- TRAVEL, ACCOMMODATIONS AND MEALS                         |
| *O* -- OUTSIDE ADVERTISING                  | (MUST BE DESCRIBED)   |

NAME AND ADDRESS OF PAYEE OR CREDITOR (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter treasurer's name and address)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
	CODE	DESCRIPTION OF PAYMENT	

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 0

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

**Schedule — Part I**  
**Loans Made to Others**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - Part

Statement covers period from <u>7/1/98</u> through <u>9/30/98</u>	<b>490</b> Page <u>16</u> of <u>19</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

**Loans Made to Others — Part I Summary**

- Loans of \$100 or more made this period.  
(Include all Loans Made — Part I subtotals.) \$ 0
- Loans under \$100 made this period.  
(Do not itemize.) \$ 0
- Total loans made this period.  
(Add Lines 1 and 2.) TOTAL \$ 0

**Loans Repayments Received — Part II Summary**

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more  
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.  
If forgiven, also itemize on Schedule E.) \$ 0
- Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) \$ 0
- Total loan payments received this period.  
(Add Lines 4 and 5.) TOTAL \$ ( 0 )
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 9.) NET \$ 0

May be a negative number.



Schedule H Part I  
Loans Made to Others  
(Continuation Sheet)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - Part I (cont.)

Statement covers period  
from 7/1/98  
through 9/30/98

490

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
9801990

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter treasurer's name and address)	INTEREST RATE	DUE DATE	AMOUNT

SUBTOTAL \$ 0

## SEE INSTRUCTIONS ON REVERSE

SCHEDULE H - Part II

from 7/1/98 :

through 9/30/98

Page \_\_\_\_\_ of \_\_\_\_\_

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER  
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**\*IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule II.

~~L. Scheer~~

**Schedule I — Part III**  
**Annual Report of Outstanding Loans Made**


Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE H - Part

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for Cit

Statement covers period from <u>7/1/98</u> to through <u>9/30/98</u>	 Page <u>18</u> of <u>19</u>
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I.D. NUMBER

9801990

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$ <u>0</u>

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 9.

**Schedule  
Miscellaneous Increases to Cash**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE

Statement covers period

from 7/1/98

through 9/30/98

**490**

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Alan S. Nakanishi/Nakanishi for City Council

I.D. NUMBER

9801990

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0

**Miscellaneous Increases to Cash Summary**

- Increases to cash of \$100 or more this period. \$ 0
- Increases to cash under \$100 this period. (Do not itemize.) \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) TOTAL \$ 0